

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029179

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 3 1962

Primary Registration District No.

1003

Registrar's No.

7119

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If outside, give location) 1043 Hornsby	
3. NAME OF DECEASED (Type or print) First JAMES Middle C. Last SKAGGS		4. DATE OF DEATH Month July Day 19th , Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/17/97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 64
11a. FATHER'S NAME Peter Skaggs		11b. MOTHER'S MAIDEN NAME Dicie Tumney	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Peter Skaggs		13b. MOTHER'S MAIDEN NAME Dicie Tumney	14. NAME OF HUSBAND OR WIFE Hettie Skaggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Hettie Skaggs, 1043 Hornsby	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory & Liver Failure DUE TO (b) Carcinomatosis of Abdomen DUE TO (c) Carcinoma of Bile Duct & Liver		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 3 wks. 3 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1551		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Quaker, Mo.	
21. I attended the deceased from May 3 1962 to July 19 1962 and last saw him alive on July 19 1962 Death occurred at 3:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 7/20/62	
22a. SIGNATURE Charles E. Jones M.D.		22b. ADDRESS 607 N. Iowa Blvd. N. Shaw	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/22/62	23c. NAME OF CEMETERY OR CREMATORY Local	
24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry		25. DATE RECD. BY LOCAL REG. JUL 20 1962	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.		27. LOCATION (City, town, or county) Quaker, Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.